Substitute for form 1449/PTO				Complete if Known		
				Application Number	09/553,969	
INFO	RMATION DIS	CLOS	URE	Filing Date	April 21, 2000	
STATEMENT BY APPLICANT			ANT	First Named Inventor	WALLACE, DONALD G.	
				Art Unit	1611	
ļ ·	(Use as many sheets as i	necessary)		Examiner Name	Lakshmi Sarada Channavajjala	
Sheet	1	of	1	Attorney Docket Number	81202-581519(002040US)	

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Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ⁶

aminer nature	/Lakshmi Channavajjala/	Date Considered	07/31/2011

EXAMINET: bittle if reference considered, whether or not datation is in conformance with IMEP 500. Done like through datation if not in conformance and not considered. Includes copy of this form with next convenience to application. Applicants usingle catalon designation number (pot not). See Kind Codes of U.S. Patient Documents at https://www.nego.gov/ mREPE 901 ft.s. **Leiter Office that Issued the document, by the box-leiter code (WIPO Standard ST.3.). **For Japanese patient documents, the includation of the year of the region of the Emperor must precede the seafelf number of the Codes (WIPO Standard ST.3.). **For Japanese patient documents, the includation of the year of the region of the Emperor must precede the seafelf number of the Codes (WIPO Standard ST.1.6 if possible, *Applicant is to place a check mark here l'English Induspage Translation is attached.")

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